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THE CANADIAN NURSE

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INFANT FEEDING

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Breast Feeding—This, of course, is the ideal which we should always strive to attain. Every endeavor should be made to maintain the mother in good health, so that if it is at all possible the infant may be nourished satisfactorily for at least the first six months of life. Putting the baby to the breast regularly is important, as the stimulus of suckling helps materially to maintain the function of the mammae active.

Breast feeding for the first six months is desirable because: (a) The mother's milk furnishes some little known substances which act in a protective way against infections of various kinds; (b) because after a child is six months old artificial feeding is much easier and consequently much more successful.

Just here I might say that many babies fed at the breast suffer from fat indigestion. They suffer from a certain amount of regurgitation of food, or it may be called vomiting. If there is vomiting it may come on soon after nursing, but it continues for the first half-hour or at times more after the feeding. This gastric disturbance is associated with a good deal of colic and flatulence, as evidenced by the belching of gas and its passing per anum. The stools are usually rather frequent, small, quite often green or of a green tinge, with a varying number of small soft curds. These babies are troublesome in the first few months of life. They are cross, especially in the afternoon and early evening. They frequently sleep well at night, are well nourished, and of a good rosy color. This condition usually passes away about the end of the third month of age, giving rise to the tradition among mothers that these babies will be better in every respect after they have reached the age quoted.

Unfortunately, a small percentage of these cases do not end so satisfactorily. The vomiting leads to failure of gain in weight in a very cross and troublesome baby, and in a still smaller percentage to loss of appetite, often associated with vomiting, refusal to take the breast, and the consequent necessity of artificial feeding.

Artificial Feeding—Causes—The most frequent cause is the failure of the mother after, it may be, a few days, weeks or months, to furnish sufficient milk to satisfy the baby, giving rise to a cross child which seems to be always hungry.

The reason of the failure on the maternal part may be due to anaemia, over-work, bad hygienic surroundings, and particularly lack of fresh air, insufficient or unsuitable food, or some acute illness, either medical or surgical. There is also a number, and a not inconsiderable number, of women who do not seem to respond at all well to the stimulus of the nursing infant. These cases seem to fail to secrete milk at a definite time after their confinement. On account of the crossness of the baby it is necessary to exclude the cases of fat intolerance of the first three months. This makes it very desirable to always examine recent stools as well as to inquire into the child's history in this respect.

The need of artificial feeding having arisen, it remains to arrange a suitable food. The usual patent foods on the market are unsuitable and undesirable from the pediatric's point of view. All of them are put up for any child and, therefore, make no allowance for the particular digestive ability of the individual infant. Consequently they fail absolutely after a short time in many cases. Then another brand of patent food is tried until the whole list is gone through without benefit to the patient. Besides, these foods are nearly all badly balanced, there being but little fat or cream or proteids and a superabundance of the starches and sugars.

From the medical adviser's standpoint the percentages of the ingredients are not given, so that one cannot tell on examining the stools what is being perfectly digested and what is not, in the case of failure of the food to agree. Here I might also say that the infant fed with high percentages of starches and sugars, fats being practically absent, may get large and fat, but is usually pale and pasty looking. But in case of an illness, such as diarrhoea, pneumonia, or other infections arising, the disease runs a severe course and all too frequently ends fatally. It is well recognized that infants so fed have not an average amount of stamina or resistance to the inroads of disease.

It has been found that rickets is fairly common in babies fed on these kinds of food. Scorbutus or scurvy is also seen, but much less frequently.

Now in cow's milk we have a food containing all the elements found in the natural nourishment for a baby, though the cream, proteid, sugar and inorganic salts are present in percentages differing from mother's milk. However, knowing the percentages of these elements in both the mother's and cow's milk, and knowing, by examining the stools, which of the elements is being perfectly digested and

which is not, it is not difficult to alter their relative proportions so that all may be digested.

Milk, too, may be utilized to increase our resources by making whey or by treating it with a pure culture of the lactic acid bacillus, either as whole milk or as skimmed milk. Besides this, at the proper age the starch solutions are used to modify the whole milk.

It is best to consider the feeding of infants in age periods, which, of course, present exceptions, but still the division is fairly well marked in the majority of cases.

I. Infants up to the age of six months:

The baby that will digest cream up to two per cent. well rarely gives much trouble, because during this period there is not, as a rule, much difficulty with the proteids or sugars, and if this does arise, is easily corrected. A slight or sufficient reduction of the offending proteid eliminates the hard, pearly curds due to this ingredient. In the same way the green, loose, excoriating stools of an excess of sugar can be removed by its reduction. Not so the indigestion due to cream, whether it shows itself in gastric indigestion accompanied by regurgitation, vomiting, or loss of appetite, or the intestinal indigestion evidenced by frequent stools, which may be yellow but are often greenish, with usually a considerable number of small soft curds. A moderate reduction of the cream usually defeats the purpose, for, after a short improvement of the digestive disturbance, it reappears, and one is forced to another reduction of the fats. Therefore, the best way is to make a large or complete reduction of the cream, and after the digestive disturbance has disappeared to gradually reintroduce the cream again. It should always be remembered that the onset of fat intolerance is insidious, tending to increase unless a substantial reduction is made.

Owing to the great food value of the fats, it is often difficult to give enough calories or food units to maintain the baby's weight or to get a small gain. Up till six months usually or to four months in individual cases, the calories may be considerably increased by adding plain whey instead of water. The whey adds an easily-digested proteid which in many cases serves the purpose well. However, in some patients the whey causes loose, green, frequent stools with a good deal of mucus, and, consequently, has to be discontinued.

In these obstinate cases of fat intolerance we have found lactic acid milk from skimmed milk to agree extremely well. After the indigestion has subsided lactic acid milk from whole milk may be gradually added. In this way the toleration for cream is gradually improved until the patient begins to increase in weight very well and consistently. When the toleration for cream has been worked up to say 1½ per cent. the feeding may be changed to a modified sweet milk

mixture, care being taken to begin with lower percentages of cream and proteid. If the baby has reached the age of from four to six months barley water may be substituted for water in making up the sweet milk feedings.

By using these resources a baby can be carried up to the age of six months with usually a fair gain in weight, even in the cases where there is considerable fat intolerance.

At six months there is, as a rule, a very decided change of the digestive attitude of the baby. It will nearly always take cream in increasing percentages, but may, and often does, give trouble in digesting the proteids. The fat curds disappear from the stools and the ones due to proteid appear. However, owing to the increased consumption of cream, the baby gains steadily and one can readily reduce the proteids until the curds from that cause are not found.

At this age, too, the starch solutions should be introduced, if it has not been done before, as it occasionally is in individual cases, even as early as the fourth month.

Unfortunately, there are a few cases which do not show this increasing tolerance of the fats, and one has to continue the plan of feeding that was employed in the earlier period, the only change being the addition of the starch solutions. These babies are a source of anxiety because they may, and in a few children do, show all the evidences of rickets. They are rather a source of humiliation to the medical man who supervised the feeding. However, the deformity from the rickets is not great and has a considerable tendency to improve under continued good care, hygienic surroundings, and proper feeding.

By the methods outlined above an infant's feeding can be carried out until the age of one year is reached, when the plan of managing the diet should be changed so as to form an introduction to and foundation for the three meals a day, which is the rule in adult life.

A TRIBUTE

By Ida M. Hill, Winnipeg.

Among the many beautiful and heart-stirring tributes paid to the life and heroic passing of the late Miss Edith Cavell none could have been more touching or uplifting than the sermon by the Rev. R. B. McElheran, of St. Matthew's Church, Winnipeg.

It was shortly after the awful tragedy which shocked more than one continent and did more to make people see the hideous results of militarism and their duty in stemming its mad onrush by every honorable method they could employ.

The minister spoke to a crowded audience, a very large number being members of the late heroine's profession and soldiers. He portrayed the lovely life of this woman, her sympathy and cheer to all

sufferers, regardless of nationality, how she helped many by sacrifices both big and small, because of her humanity ("She went about doing good"), and of her crowning sacrifice, which, as the centuries roll, will cast a radiance which shall lighten the footsteps of those who, in good works and charitable deeds, would follow in her train. Assuredly, he took us to the heights, showed us how lovely and inspiring one woman's life could be, and in our hearts we realized how this nurse had glorified not only her calling but womanhood as well, and we determined with new inspiration that we too would always "do our bit" for our country, both in peace and war, and that the clear vision of the heights could only be realized by eternal vigilance and self-denial.

ADDRESS*

By Dr. O. A. Cannon, Stratford.

On behalf of the Medical Association of this city, I first wish to offer my congratulations on the situation in which you find yourselves to-night. After three years of preparation you stand ready for your life's work. Our sincere wish is that this evening may be marked by a happy entrance upon a happy calling.

Of the value of an address of this sort, I have long had doubts. The subject is old and has been dealt with exhaustively on many occasions in your hearing, but I have no choice but to follow in the footsteps of my colleagues who have occupied this position, and pour out advice ad nauseum, the entire matter of which has already occurred many times to your common sense.

I know that the technical knowledge necessary for your work has been imparted to you. Your superintendent, her assistant, and my medical associates have striven successfully to possess you with a solid foundation upon which to work, and I am sure you will be able to pursue the scientific duties of your profession with credit to yourselves and honor to your teachers. It is possible, however, that in the crowded days through which you have passed you have had little opportunity to consider yourselves in relation to life and to realize that your profession calls upon you to assume other duties than those laid upon you by your technical training. You are entering a calling, not a business, an art as well as a science, and upon you fall all the obligations of a profession enriched and ennobled by faithfulness, usefulness and devotion. Rest assured that this hospital would be slow to entrust you with its diploma if it for a moment thought that act of yours should ever sully the as yet untarnished banner of your sisterhood.

Let me first remind you of a few of your obligations in relation to the physician. Although your profession is what I have stated, it is the offspring of the medical profession and must ever remain subsi-

*To the 1915 class of Stratford General Hospital.

diary and dependent. Not that its individuals are not called upon many times to display as great heroism and self-sacrifice, but because in the great organization for the allaying of human suffering and woe, the doctor has place above the nurse and it is her's to serve. When you are nursing, although engaged and paid by the patient, you are serving the doctor and are responsible alone to him. If in carrying out his orders you find that you are at variance with the patient or his family you must not compromise, but it is imperative that you resign rather than depart by one hair's breadth from the desires of the doctor. It is your duty to be perfectly impartial to the doctors for whom you nurse, to keep your likes and dislikes to yourself, to increase the confidence of the patient in his medical attendant by all means in your power. If you find that you cannot for any reason carry out the orders of the doctor, then it is your duty to quietly give up your case after a frank talk with the doctor, and without permitting an inkling of what is passing through your mind to come to the knowledge of the patient. The things which a doctor looks for in a nurse are resourcefulness, self-confidence, and a closed mouth. You will be confronted with situations upon which your textbooks are silent. Some nurses have the reputation of being good nurses if everything goes well, but what the physician wants is a nurse who is a tower of strength in emergency and who acts with knowledge and dispatch when everything goes wrong. This self-confidence is born of technical knowledge, and thus at the root of your success lies your training and the thoroughness with which you have availed yourselves of it.

Your duties to your patient are also not all embraced in your textbooks on nursing. Most of these will be prompted by your woman's heart and your common sense. It is not necessary to remind you that you are to be the grave of secrets and that the Oath of Hippocrates is equally binding upon you as upon us for whom it was originally drafted. Victor Hugo says: "Into my cabin fall hideous drops of the far-spreading mud of mankind." And to the physician and nurse the unsightly spots in the lives of men and women are often revealed. These revelations must not only be cast around by the broad mantle of charity, but the more impenetrable covering of your professional obligations.

Health is contagious, and you must not only keep healthy of body (which, fortunately, you look) but you must cultivate a hopeful, happy, cheerful disposition, and if you can infect your patient with this you do more than all the "arts of healing you have acquired from your teachers.

"Know then, whatever cheerful and serene
Supports the mind supports the body too,
Hence the most vital movement mortals feel
Is Hope; the balm and life-blood of the soul."

Now, something about yourselves. You are not entering upon a path of ease or fame. You will work hard; a nurse's life is short. You will give your life for the care of others and few will note your sacrifice. You belong to the great army of silent workers, nurses and sisters, physicians and priests, who cry not nor are their voices heard in the streets, but to them is given the ministry of consolation in sorrow, need and sickness. To-night you take your place in the ranks of this great army, which, the world over, in large city or lonely country district, in the palace of the rich and the hovel of the poor, strives to bring to the afflicted ones of earth skilled succor in the hour of need. The applause of men—this is not for you, but "when the day is done and the darkness falls from the wings of night" may you have the peace and satisfaction that follows duty well done. You join to-night a profession made immortal by no act of yours and it is for you to pass on unsullied the high traditions of your calling.

The great events of our day, when the men of our race hold their lives so cheaply and vie with one another in deeds of valor and self-forgetfulness, are made much more inspiring and thrilling by the equally glorious and undaunted manner in which British women and members of your calling die. It is impossible not to feel the frightful magnitude of the price which this country is paying for the preservation of freedom. What we have lost in the death of brave British men and women is irrevocably lost, but we have gained something which I hope we may never lose. We have seen our men and women in their true colors. Recall the immortal Edith Cavell, engaged in her tender ministrations to friend and foe under hostile surveillance, betrayed at last by her staunch British heart and woman's kindness into a violation of a military order, cast into prison, scorning to plead for mercy, tried and condemned at an unjust trial. We see her in the darkness of the night, with firm step and undaunted courage, crossing the prison yard to face the firing squad with uncovered eyes, her country's flag upon her breast, and a prayer to God upon her lips. She died, and ten thousand men sprang to arms to avenge her death.

Look again, as the transport Marquette was halted in her course by a missile from an under-water craft of the enemy. She settles into the sea and boats are hastily lowered, while our brothers from New Zealand, true to British tradition, stand to one side to allow the women of the party to take their places in the boats. But the cry "Fighting men first" comes from the lips of these brave women, and the blue waters of the Mediterranean closed over ten members of your sisterhood who died as steadfastly and as bravely as any hero in any age of the world.

I have another story from my own experience of how two Canadian sisters died under circumstances less spectacular, perhaps, but

equally heroic. When three Canadian hospitals met in the grey dawn of an English morning at a little wayside station in Kent County to commence the long journey for the scene of operations in the Dardanelles, all felt considerable apprehension as the possibilities of the future arose before them. The happy eager faces of the nurses who accompanied us, their cheerful acceptance of all the trying circumstances of a particularly dangerous and arduous campaign was not only a source of inspiration to us all, but a proof of the fact that the women of our race are as well able to do all, to endure all, and to dare all in the great undertaking upon which this country has embarked as are the men. We were landed on the Island of Lemnos and were immediately overwhelmed with work in a new and difficult situation. Deadly heat, a plague of flies, infected water, poor and insufficient food, and wrestling with the loathsome and horrible malady of the East for the white man—amoebic dysentery. Soon one-third of our own number were in the hospital, and the remainder, often suffering from the disease, carried on the work of the hospital. For an example of devotion and courage nothing could succeed the conduct of these brave Canadian sisters who continued in that plague-infested spot to give a nurse's tender care to the battered and diseased bodies of friend and foe. Two of these women died and were laid to rest in that far-away lonely island with full military honors, surrounded by their comrades not only from Canada but the British, Australian, and New Zealand co-workers in the hospitals of the East. The plaintive strains of the Last Post over their graves closed the earthly career of Fannie Munro and Jessie Jaggard, two brave Canadian soldiers and members of your profession. One of these, when she realized that she must die so far away, said: "I die happy, but I am sorry that I cannot stay to help the boys more." I ask you to look well to your fitness to enter upon a calling ennobled by such lives as these and to ask yourselves if you would act as British and as womanly as did these sisters of yours. While we are on the subject, let me urge you to offer your skilled service to your country. I know that nurses are required and that you have the knowledge, courage and patriotism. I know no place where you can test your new knowledge to better advantage than as a nursing sister in your country's fighting forces to-day. I urge you just as I urge every man within the sound of my voice or in this city of Stratford to answer the question to his conscience if he has a sufficient reason for being in civilian clothes to-night. Several reasons may be given which are legitimate, such as physical disability, a position necessary and important in the life of the community, or grave family considerations. After the battle of Austerlitz, where the great Napoleon defeated the combined armies of three Emperors and found Europe at his feet, he had medals struck with his effigy on one side and on the

reverse: Austerlitz, the date, and the French words J'etais la—"I was there." Each soldier present at the engagement received one, and you can imagine how they became the badge of honor and the priceless family heirloom. How about you, my fellow citizen, when the story of this war has been written, the power of our ruthless enemy crushed forever, and when the brave boys who went out from this city return victorious through these streets, or at another time when your children learn of this immense struggle for right against might and ask you what was your part in it? Will it be for you to hang your head and plead useless excuse or will you be able, like the brave soldier of Napoleon, to say "J'etais la." I was there.

Let me remind you that as nurses you have merely touched the outside of the knowledge which you should acquire if you are to continue to be fit to practice your profession. You must work, study your textbooks, ask questions of your physicians and of one another, buy nursing and medical journals and new textbooks. Without this you will soon be known as poor nurses and join the sad derelicts of all professions who have not kept abreast of the advance in their callings. Sir William Osler at one time gave my class in medicine a master-word which he said if we would bind it upon the tables of our hearts and impress it upon our memories would insure success. The master-word is work, a small word, yet fraught with immense consequences if incorporated into our beings and allowed to have a large place in our lives.

You must be up-to-date women as well as practical nurses. Have a knowledge of disease and its cure, but also have a knowledge of your fellow men. Be conversant with current events and become acquainted, by means of a library of your own, with the great men of all ages. Assume your duty as a member of society, but remember that the silent workers to which you belong cannot afford to shine in any other sphere than the life work upon which they embark.

I have left to the last my most important observations. Nurses are for some reason often notoriously irreligious, and this matter must be remedied. It results oftentimes from carelessness in management of training, I fear, and at other times from the knowledge which you acquire. A little knowledge is a dangerous thing, and when doubts come, as they come to all, you must cast about until safe and sure anchorage is reached. The best nurse is religious, not the sort which is worn upon her dress front or trumpeted from her lips, but the kind which is shown in her deeds. I care not whether you are Catholic or Protestant, Churchman or Dissenter, so long as the great essential has not passed you by. We need faith in every-day life, faith in the power which works for good, faith in the infinite God, and hence faith in ourselves created in His image.

In conclusion and in farewell, on behalf of your medical friends in this city let me say in Tennyson's words:

" Henceforth, wherever thou may'st roam,
Our blessing, like a line of light,
Is on the water, day and night,
And like a beacon guides you home."

THE SUBCUTANEOUS ADMINISTRATION OF FLUID IN ACUTE AND SUBACUTE CONDITIONS IN INFANCY

By Roy P. Smith
Resident Physician, Hospital for Sick Children, Toronto

Owing to a recent search of the literature, combined with the use of fluid administered subcutaneously in the treatment of the various conditions of infancy on this service, during the past four months, it was thought that a presentation of the work and results obtained would be interesting. In the administration of fluid in the cases of this series, the main object was to replace as far as possible the body fluid lost in the progress of the disease.

Quinton in 1910 advocated the use of sea water plasma, his idea being that all superior organisms had their primary environment in the sea and have retained a blood plasma whose mineral constituents are identical with those of the original seas. It is readily agreed that the original medium which exists previous to disease is necessary to all cellular life and that it is changed and deteriorated in certain affections of infancy prominent amongst which are the intestinal disturbances such as fermentative diarrhoea, decomposition, intoxications and infections. He found that with the injection of the sea water diluted he could correct the existing medium in these cases and the cells would take on a new lease of life.

McKenzie, of Aberdeen, in 1912, went further and used normal saline solution and sterile distilled water, basing his results on the fact that he increased the blood pressure in the cases to which he administered the fluid and in this way brought about the desired result. In so raising the blood pressure one promotes an increased secretion of urine, thus increasing the elimination of toxins. This, then, is the opposite view to that of any particular or isolated constituent of the fluid which produces the change.

The patients to whom saline was administered in this series were those in whom there was more or less fluid loss such as occurred in decomposition, acute intoxications, infections and fermentative diarrhoeas. The loss of fluid was particularly evidenced by the degree of dehydration and loss of tissue turgor both of which being readily elicited or measured by pinching and raising the tissues between the

index finger and thumb, in that manner demonstrating the laxity of the tissues which in reality is but an index to the amount of subcutaneous fluid present. In addition to these most prominent symptoms, the presence of a depressed fontanelle, prostration, and cold extremities indicated to us the necessity of administering subcutaneous fluid; similar to these were those upon which McKenzie made his observations.

In acute intestinal diseases by far the greatest portion of fluid lost is by the fæces, only a small amount by the urine. This fluid lost is mostly made up of organic salts. By metabolic observations, it has been found that the greatest loss has occurred in the sodium and potassium salts; in severe cases this loss being as much as eight to ten times the normal output of these respective salts. Calcium, magnesium and phosphorous are lost in very much smaller amounts. In moderately loose stools the total ash excreted has been found to be one-eighth more than the normal, while in very loose and even watery stools the ash is increased to even twice that of the normal.

The solutions used were of two kinds, viz., normal saline and 4 per cent. dextrose saline. On account of the scarcity of the dextrose it had to be omitted and for the past two months normal saline solutions alone were used. Dextrose is the most assimilable sugar and it has been found that a combination of dextrose and saline is more assimilable than saline alone. Furthermore, the organism is known to utilize the dextrose first, before its destruction of the body protein, to produce energy and heat. In this manner it may be spoken of as a protein-saver, which clinical experience shows to be the case. In addition it carries with it a definite caloric value, viz.: 4.1 calories per gramme. In the use of a 0.9 per cent. saline we have a fluid which is isotonic with the blood, in other words, a physiological salt solution. The method of preparation is worthy of note. One tablet of sodium chloride which is equal to 1.0 gramme c.p. is dissolved in 120 c.c. of freshly distilled water. This is then filtered twice through lamb's wool, the latter being found to be better than glass wool, the particles of which had a tendency to filter through into the saline and were in one or two cases the cause of irritation of the abdominal wall producing a local reaction. After being filtered twice the saline is sterilized for forty-five minutes in the steam sterilizer and is then ready for use. In the preparation of the dextrose saline 4 grammes of dextrose (Merck's C.P.) is added to 96 c.c. of 0.9 per cent. salt solution and then sterilized.

The following apparatus was employed in the administration of saline: A glass Erlenmeyer flask of 1,000 c.c. capacity and marked accordingly, equipped with a perforated rubber cork through the perforations of which were passed two glass tubes—one long and one

short—which when the flask is inverted act as a siphon. A stand was constructed which is attachable to the side of the cot consisting of a long strip of band iron about 4 feet in length, at the one end of which is a thumbscrew fastening it to the upright rod, at the other end a loop to support the flask. This gives an elevation of 4 feet above the child. The glass tubing connects with a rubber tube about 4½ feet in length with a stop cock to compress it while the insertion of the needle is being made. An ordinary hypodermic needle of medium-sized bore is employed. At one time needles of a larger bore were used with windows at the side of the needle, but these were unsatisfactory because they produced considerable trauma, and the aperture left in the skin was large enough to admit of the escape of fluid, when the subcutaneous space was filled, and the tissue distended with fluid.

When the fluid is about to be administered the flask of sterile saline solution is heated to 120° F., all apparatus except the stand being previously sterilized. The administrator's hands are then scrubbed and care is taken to keep all tubing, etc., as sterile as possible. The infant's arms are confined in such a manner as to prevent undue movement in order that the needle may not be dislodged. The site of injection is painted with a 2½ per cent. solution of iodine and the needle inserted. It has been the practice to withdraw the needle a short distance to allow of the free escape of saline into the surrounding tissues. When the flow is thus established as evidenced by the tumour which forms and enlarges rapidly or slowly, depending on the amount of dehydration present, it is safe to let the needle remain *in situ* until the subcutaneous space is filled. The average length of time consumed in administering fluid is in the neighborhood of thirty minutes. An important point in the administration is to guard against the entrance of air into the tube. This is readily accomplished by allowing some saline to flow away before the needle is inserted. If air is allowed to be forced beneath the skin, the only resulting condition has been surgical emphysema. When this occurs it affects the amount of saline which can be administered.

The site usually chosen is the abdomen, for here the dehydration and loss of tissue turgor are most evident, and, in addition, the folds of the skin, when distended by saline, allow of the administration of about 300 to 450 c.c. daily as a rule. In cases of pyloric stenosis after operation where the saline was administered to replace the loss of body fluid which is usually pronounced as the food decomposition advances, the site of injection was between the scapulæ in the loose subcutaneous tissue in that region, the infant lying with his face down and secured in that position. In a few cases the axillæ were used under the lower border of the pectoralis major muscle, to allow of the escape of the fluid into the axillary space. In one instance 750 c.c. was given

at a single administration and inside of twelve hours almost all the saline was absorbed.

When the child is prostrated, the vitality low, and the circulation poor, as evidenced by cyanosis and coldness of extremities, atropine sulphate subcutaneously is given, in doses of 1-1,000 gr. after each hypodermoclysis. Atropine, besides being one of the most efficient respiratory stimulants, is most effective in aiding in the absorption of fluid. In a few cases where the dehydration was very great atropine was not given at first but given in the succeeding administrations when it was found that from one-half to three-fourths as much more fluid could be given and that the absorption was more rapid.

The average quantity administered in this series was about 350 c.c., or over ten ounces. The indication for the amount depends entirely upon the cases on admission or when administration is begun. For instance, if an infant presents itself with marked dehydration, loss of tissue turgor, great weakness and symptoms of collapse, the indications are for the administration of fluid to the fullest capacity at intervals of three hours. In such a case the cry is for body fluid, as the cells are dessicated, and the sooner one restores the original medium the sooner improvement will commence. Thus one can say that the amount and interval varies directly as the indications for such in the infant. The absorption of the saline is rather slow in some cases where the vitality of the child is poor, coupled with bad circulation and exhibition of symptoms of collapse.

Does the introduction subcutaneously produce an elevation of temperature, and if so, to what is it due? A great deal of discussion has taken place in the recent literature over this point of thermal rise after injection of fluids. The main conclusions arrived at are as follows: 1st. To use a saline made from freshly distilled water. 2nd. To use saline free from bacteria and bacterial toxins. Saline, as commonly used prepared with distilled water that is not fresh, produces an elevation of temperature following injection. In cases of this series to which saline, made from known freshly-distilled water, was administered, no thermal rises were noted. Again, on the other hand, where saline was administered made from distilled water that was not fresh elevations of temperature were noticed. This occurred in six of the seventy-two cases. In one case notably did an elevation of temperature result, which dropped to normal as soon as the administration was discontinued. When it was resumed, the elevation was again present. In another case the resulting temperature was due to an overdose, the larger the amount the greater the disturbance of the thermo-regulating centre. Thus the others are apparently due to the distilled water, no other cause existing in the infant's condition. Theories advanced as to the cause of the temperature are as follows: 1st. That the children

suffering from intestinal disturbances are liable to have a slight thermal rise. 2nd. An action of the administration of saline upon the heat-regulating centre. 3rd. A destructive change in the cell itself and a reaction to the cell change by the salt administered. 4th. The question of bacteria or bacterial toxins in the water. Bendix and Bergmann used a freshly-distilled water to make their injections and in no instance had a rise in temperature. In the one case of the series where a large dose was administered the temperature was initial, i.e., after the administration and did not reoccur when the repetition of smaller doses took place. While six of the seventy-two cases were suffering from a complicating bronchitis, bronchopneumonia or blood infections, along with the intestinal disturbance, we may say that in all these cases there were irregular elevated temperatures and it is impossible to say whether or not the salines were wholly responsible for part of them.

The immediate effect of the administration in all of these cases was striking. The general condition was much improved, the toxic symptoms, except in moribund cases, disappeared in from twenty-four hours up to a few days' time. In the intestinal cases during the warmer weather, which formed the bulk of the patients in this series, to which saline was administered, the effect was very marked. An infant on admission having frequent stools, vomiting, loss of weight, marked dehydration and loss of tissue turgor invariably, unless moribund, responded in the first twenty-four hours, so that part of the symptoms disappeared and the child's general condition was improved. When, under treatment, the stools having reverted from the loose green type to those with soap formation, the dehydration less, the hypodermoclysis is usually discontinued. When to stop the administration comes largely as a matter of experience. One might possibly produce a salt œdema as one of the effects of administration. In but one case of our series was there a general œdema. The only localized œdema was at the site of injection in the abdominal wall itself, demonstration of which was clearly seen at autopsy, and again as metabolism œdema in one case present in the periorbital tissues.

The next striking effect was in the weight curve. In all but ten cases there was a rise in the weight curve. Those ten cases were out of thirteen which we classified as moribund on admission and in them all that was shown was the initial loss after admission, the babies having died before the next weighing day. Here we may say that the custom on this service is to weigh the babies only twice a week. The gain in weight varied from four to eight ounces at a time, depending on the amount of saline administered. This increase in weight was not always maintained, it usually falling to the admission weight or a few ounces above it after the cessation of the administration of the saline.

However, it is undoubted had the injections not been given, the weight loss would have been much greater and the prognosis more serious.

The effect on the tissue turgor in the very sick cases was not as pronounced at first as later on when the infants' general condition had improved a great deal. But in those cases where loss of tissue turgor was not marked the effect of hypodermoclysis was readily noticed. The very striking effect upon the dehydration was two-fold; 1st, a production of a local œdema at the site, thus doing away completely with the dehydration; and, 2nd, the marked improvement of the general condition of the patient, so that, by the replacement of the fluid already lost, the dehydration gradually disappeared except in those cases which were fatal.

The following is a short summary of the cases upon which these observations were made: A total of seventy-two cases for the series, sixty-five of which were grouped as intestinal, including marasmus or decomposition, acute intestinal intoxication and fermentative diarrhoea. In these the symptoms were all much the same as remarked above. Of these sixty-five cases, sixty were admitted to the hospital with a prognosis of five in ten or less and only five with a prognosis over five in ten. In passing it might be said that a prognosis of five in ten means five chances in ten for the child to get well, this means of roughly estimating the prognosis being adopted on the service. The mortality was 58 per cent. for the entire series of seventy-two cases, but this number included 16 which were moribund on admission, i.e., they died before being in the hospital seventy-two hours. There were three cases of pyloric stenosis suffering with severe decomposition and only brought to the hospital as a last resort, at which time it was impossible to improve their condition whatsoever. Deducting the moribund cases the death rate was only 30.8 per cent., and taking into consideration the condition of the children on admission this is remarkably low for summer cases. It might be mentioned that six of the cases were suffering from bronchitis, bronchopneumonia and blood infections, four of which died.

Five were cases of Pyloric Stenosis, three of which died, on admission four had a prognosis of less than five in ten. One was a case of intestinal infection which was cured—here the dehydration was marked in a fat baby; the response to salines was gratifying.

One case of congenital syphilis, which developed a severe decomposition and secondary anaemia, from which the baby died.

In fifty-seven of the seventy-two cases there was need of saline administration on admission. Of the remainder all developed a decomposition while in the hospital, necessitating the injection of saline. The intervals were three, viz., twice a day, three times a day, and

every three hours, all depending upon the indications. The average amount varied from 275 to 350 c.c. daily. This again depended upon the condition of the child. The largest administration was 750 c.c. and the smallest 50 c.c. There was a thermal rise in six cases, five of which were apparently due to distilled water, the other to an overdose —750 c.c. Sixty-two out of the seventy-two cases exhibited a rise in the weight curve. The remaining ten were classified as moribund on admission. In three cases there was obtained a slight local reaction, and in none of these, as far as anyone could judge, did this have any deleterious effect on the progress of the case.—*The Canadian Medical Association Journal.*

EXTRACTS FROM A LETTER FROM MISS ATRELL, WHO WENT TO THE FRONT WITH THE FIRST CONTINGENT FROM WINNIPEG, MANITOBA

No. 2 Canadian Stationary Hospital,
Le Touquet, France.

We have quite a number of Canadians in our hospital, in fact we are very busy. Some days over three hundred may be admitted and almost the same number transferred to hospitals further south or to the hospital ships for England, and discharged to the base for light duty. There are Canadians in many of the other hospitals in and near Boulogne. Each day we receive word of someone, a friend or relative of one or more of the Sisters, either wounded or killed. Perhaps the routine of admitting and discharging patients would be of interest to you, but before starting shall give you a copy of a clipping I obtained from a Pacific Coast newspaper. Praise of the arrangements at the Canadian hospital at Le Touquet and of the personnel continues to come from all sides. Mr. Sidney Low gives the following interesting account: The Canadian Hospital is a fine example of overseas enterprise. It brought everything along with it from the Dominion—medical officers, nursing staff and orderlies, bedsteads, stores and surgical instruments. The doctors are commissioned officers of the Canadian militia, so are the nursing Sisters. These ladies wear the rank badges of a lieutenant on their shoulder straps and are therefore the military superiors of the non coms and privates, and entitled to give them orders. I believe Canada is the only country which awards commissions to its army nurses. The system is said to work well and to conduce both to the professional zeal of the nursing staff and to the general discipline. Certainly nothing can exceed the pride of these Canadians of both sexes in their work, or the air of business-like effectiveness which pervades this colony from the West up here in Picardy. Canada is heart and soul in the war, and when the Canadian wounded

soldier gets into one of the wards labeled "Ontario" or "Quebec" or "Manitoba" he will hear the accents of his own country. Meanwhile the smiling nurses and the keen, capable doctors are treating injured Britons and Scots and occasionally French and Belgians. Though this is an ideal locality for the establishment of hospitals, and no doubt in the near future is to be a great hospital centre, it is not the near front, therefore a few hours' journey by train and less by motor from the firing lines, we receive our patients directly from the first aid station and the trenches.

Each engagement brings us a large share of broken and tortured humanity. The effects of the actions of Neuve Chapelle and La Basse were terrible. Many had lain for hours on a shell-swept battlefield. Gas gangrene (malignant oedema), that dreadful condition of wounds caused by the use of phosphorus in the explosions, had begun in many cases. It usually proves fatal, but not many cases have we lost, the treatment being fresh air and almost continuous irrigation.

Would have liked to see the result of oxygen injected by a nozzle attached to the tank into the sinuses; believe that is the method of treatment in England. Wounds, no matter how extensive, do marvelously well. The extremely ill recover wonderfully, a few hours bringing a great change for the better. The health-giving environment of pine forest and wind-swept dunes and not-far-distant sea, with plenty of sunshine and pure, sweet water give the best assistance to medical and surgical skill to bring back the shattered bodies of our men to strength and activity. We notice such a difference between those admitted in the early part of the winter and those admitted this year. They say they get plenty of good nourishing food in variety. The service of the A. S. C. has been excellent. No wonder that here; on the margin of the Hardilot, where Napoleon encamped a hundred years ago with the army with which he intended to invade England, you find French, English, Indian, and Canadian hospitals, not one but many. The British army is the healthiest that ever took the field. I trust this statement will stand the test of the warmer weather and unsanitary conditions of the battle areas. Compared with the experiences of some English Sisters and Red Cross volunteers, our experiences have been quiet, but not less interesting and satisfying. They say we have much better nursing experience than those nearer the front. In fact, the best and longest experienced nurses are posted for duty in the hospitals, not in the dressing and relief stations, where there is plenty of trained male assistance, unless during the period following fierce fighting and losses, as around Neuve Chapelle, Le Basse, Hill 60, and the recent "Break of Calais." As I said before, very quickly are we connected with the battle front. The telephone rings: "Prepare to receive a trainload of wounded, one-third bad

stretcher cases." Each one, both of day and night staff, is called to his or her post. The large front hall is cleared, the surgical staff takes position there to admit, records the number of extra cots that may be crowded in, and also makes note of floor space for stretchers to be placed, if necessary. Usually patients are admitted at night. The night Sisters on each floor or row of tents hurry from room to room or tent to tent making themselves acquainted with the location of vacant beds and the patients admitted while they were off duty, do P.R.N. dressings, and carry out whatever orders can be done, so as to be free to assist later. The day Sisters report for duty, put on rubber aprons, prepare dressing trays, and otherwise make ready to assist in receiving the patients by making ambulance beds, airing sheets, pyjamas and nightshirts on radiators or before fireplaces, and putting in order record books, charts and diet sheets.

While these preparations are going on in the wards the kitchen staff is also active. Gallons of cocoa and broth simmer on the large range, and when the patients are admitted is sent to the wards in large lipped pails and given out to each man immediately on admission. All the orderlies are called up, some being detailed at the station to unload and reload, others to help the night orderlies to undress and bath patients, while the other men (sanitary squad, cleaning squad, etc.) of the unit assemble at the entrance to carry up stretchers, to give an "arm" to those who walk with difficulty, or to carry on their backs the lame. The main building, when filled to capacity, has about one hundred beds on each of three floors, the total number in the tents being about the same. There are three wards on each floor named after the provinces; the rows and tents are four in two sections; the sections are called after the cities of the Dominion. At night there are three orderlies to each floor, the number being doubled during the day. In the operating room the Sisters prepare for emergencies. They give anaesthetics frequently in the absence of doctors. It is almost midnight when the first of the ambulances arrive. The others follow and the unloading and passing before the admitting officer begins. We have become accustomed to these ghost-like processions. The men of the corps are in good repute for the speed and care with which they handle the wounded and ill, though each stretcher has to be carried up two or three stairways and there are many helpless stretcher cases. The walking cases, or Class C, file silently and quietly along the corridors. These are men broken from the trenches, kharki caked with clay, ragged, dirty, worn out and silent, whose accumulated miseries none may realize, whose deeds, were they properly known, would make the world dumb with respect. These stumble and shuffle into the warmth and light of the wards. In the patient droop of the body, the dull retrospective eyes and restrained speech one

catches glimpses of the weeks of preceding horrors, the countless nights of slow agony passed in the sudden parting of comrade from comrade, in the shrieking noise and delirium of blood only a few hours ago. A long line of stretchers fill the hallways next, and even here it is an exception to hear a moan or complaint, though this is a convoy of the most seriously wounded we have yet received. Bodies are literally shattered. The journey down must have been terrible, even in the comfort of the wonderfully equipped ambulance train. We are told that some dead have been removed at each station. Already within a few hours gas gangrene has developed and in thirty-six hours are very far advanced. These are the cases especially allotted to me. We heard that every one of the 5,000 beds at the base has its occupant and that 1,000 wounded have been passing on to the south all day.

"How many hours before you were picked up," asks a Sister of one.

"Twenty-six, Sister, but I dug my head into a refuge, for it was raining lead like hail and I was only hit once again, thank God."

Some of the patients fell instantly into a deep sleep to rouse only once to say: "This must be heaven." Another apologizes: "I can't sleep, the bed is sort of queer, have not been in one for eight months. But it's good to get one's clothes off. It is over a month since they have been changed." "Did you get your bath?" "I should think I did, have not had one since August."

All important dressings are cut down and replaced after each man has had a tub or sponge bath. Those suffering very much are made as comfortable as circumstances permit. Then the day Sisters are dismissed. A special diet list is made and sent to the quartermaster for the day's rations. Medical cases with high temperatures are put on plain milk, others on milk diets, and those with small wounds, ordinary, which corresponds to full in most civic hospitals. A staff surgeon makes his rounds, visiting the serious cases first, the Sister having already enquired into the nature of wounds. Clothing and effects are collected and put in piles in the corridor. For various reasons, the sooner it leaves for the sterilizer the better. Valuables are collected by the registrar's department. Patients returning to England wear the old clothes, those to the base are re-fitted with new.

About three a.m. one has time to walk from bed to bed and inspect the new patients. There is a child of seventeen (officially 20) moaning softly, with shattered arm, blue eyes and pink cheeks, looking almost infantile. There lies an old soldier swathed in bandages, a cigarette alight, declaring cheerily: "Its a bit sore, but it will be all right soon sure." Further on a round-faced dark curly-haired boy of twenty-two, with a shattered right arm and a painful right stump, a badly shattered and gangrenous leg, having been amputated just after

admission, lies in restless slumber, experiencing in dreams the horrors once again. "Touch and hold me, Sister, I fear to sleep. I may go 'nutty' like him."

In one bed there is a lad picked up on the field. He was without a coat, his identification disc gone. No name or number found about. British he must be. A brain injury makes it a question whether he will ever be included in any list but the missing. Over in the corner is a quiet form, for whom a letter home and a summons for the Chaplain are the only services we can render. There is one from our own Canada, a homestead near a Saskatchewan town is his home. Many hours he lay on the field, numerous wounds of the thighs, now suffering from malignant aedema, gas gangrene. The surgeon nods, the Sisters prepare for immediate operation in the ward; there is a chance. One of the assisting Sisters goes on special duty. The good Chaplain, a Manitoban, inquires of the dear ones at home and writes at once. We know not what morning may bring. As a rule these sufferers are silent, but here and there writhing forms and smothered groans tell of agony we are helpless to relieve. Some have limbs reduced to pulp, others have lost an eye, and a few unconscious cases claim close attention. Lifting a sheet, perhaps one discovers a haemorrhage or reveals a gaping cavity where shrapnel has torn away a joint.

A German prisoner looks up malevolently from his cot and receives inquiries with a bland stare, though in an unguarded moment he shows he has profited by his time in England, as a waiter or otherwise.

An electric light flashed on will make half a dozen patients look up hastily for a flare or the bursting of a shell, and as one passes along a voice says: "Its awful quiet here, but I seem to hear the guns yet. There were five hundred of them speaking at once, you know, Tuesday morning, and it was hell."

Just when the new arrivals are finally settled a long list is sent to each ward of those to be transferred to another hospital farther south, owing to the policy of constant evacuation to keep vacant beds close to the front. Many of those to go have been in only a few days and will be stretcher cases again. This necessitates re-dressing those wounds, which may not receive attention for the next twelve hours, practically putting every article on the helpless patients. Sometimes there may be over twenty dressings to be done in each ward and only one hour to do this in.

The orderlies awaken the patients known as Class "C," walking cases, and take them down to the pack stores to put on their old mud-crusted uniforms. (If they are returning for duty to the base they are dressed with a complete new outfit.) The bed patients' clothing is carried up to them, and the orderlies need the capacity of many

hands and feet to accomplish the duty alone. Breakfast also has to be served; convalescents assist with this. This transferring of patients is a much worse business than admitting them. Each man is given a slip with name, rank, number, regiment and diagnosis designated on it, to give to admitting officer at the next hospital.

In ten days nearly two thousand passed in and out, over eleven hundred in three days. The Nursing Sisters do practically all the dressings. Many operations are done in the wards.

We are seldom as busy as this on two successive nights, as there are periods in between when the wards are almost empty. Once there were stretchers in the corridors for several days, the patients exceeding the number of beds by forty or more. We are always glad to send men to England, particularly when their wounds require the long furlough they so thoroughly deserve. Willing as they are to return to the "frightfulness" of the trenches if their King needs them, still they know they have fully done their "bit," and the prospect of even a week in "Blighty" (the Indian word for home) will bring a pathetic smile to the most drawn face.

IF THOSE WE LOVE

If those we love be true,
What matter if the days seem long?
Though your task is hard to do,
Within your heart will burst a song—
If those you love be true!

What matter if the day be black?
No sunburns pierce the black cloud through?
Joy to your inmost soul will speak—
If those you love be true!

What if the world says things unkind,
And what it knows to be false of you?
Much happiness you still can find—
If those you love be true!

What if Dame Fortune, with a frown,
Seems ever your footsteps to pursue?
Success your toil at last will crown—
If those you love be true!

What matter then what comes or goes?
If life be long, or days be few?
Life's pleasures far outrun life's woes—
If those you love be true!

—Convict 25231 in Auburn, N.Y., Prison.

Editorial

NURSE EDUCATION

A strong plea for better nurse education, and proper provision for this education on the part of Hospital Boards, is made by Dr. Winford Smith, Superintendent of Johns Hopkins Hospital, Baltimore, in his article on "The Educational Function of the Hospital," in *The Modern Hospital* for January, 1916. Would that every member of every Hospital Board might read and inwardly digest his article. He has this to say on nurse education:

"There remains one, a most important, phase of the educational function of the hospital—I might say the most important phase—namely the education of the nurse. I wish to dwell at some length on this subject, because of the need of a more accurate perception of its possibilities. The training school for nurses represents one of the most important departments of the hospital, both because of its function in nursing the patients and because of the public demand for trained nurses.

"It is an interesting fact that those who organized some of the early schools had a much better conception of the need of nurse training schools, as educational institutions, than those who are responsible for the majority of the schools of the present day. For example, in the report of the Training School Committee of the Bellevue School, which was one of the earliest schools established in this country (probably the second), we read the following inspiring and far-sighted statement of their aims:

" 'In course of time we propose to benefit not only Bellevue, but all the public hospitals, and also to train nurses for the sick in private houses and for work among the poor.

" 'As the work advances, we hope to establish a college for the training of nurses which will receive a charter from the state and become a recognized institution in the country. Branches of this college would be established in connection with hospitals devoted to particular diseases, such as the Woman's Hospital, etc., so that in course of time nurses trained for the treatment of special diseases will be as easily obtainable as physicians. Connected with the college would be a home for nurses, whence they would be supplied with employment and provision made for them when ill or disabled by labor or advancing years. The nurses when trained would receive a diploma or certificate, renewable at fixed periods. Thus the college would control their nurses during their state of pupilage and protect the public from imposition by making it known that a nurse whose diploma or certificate was not in due form had forfeited the confidence of the institution.

" 'The work before us is not an inexpensive one. It should not be regarded merely in the light of a work of benevolence, but as a system of education, calculated to benefit thousands in all ranks of life, and, like the quality of mercy, blessing him that gives and him that takes.'

"Not many training schools for nurses have been started with such a broad conception of the needs, the aims or the value of such a school, as an educational institution. I have said that the growth of the hospital movement has been remarkable. The growth of the nurse training school movement has been equally rapid, for the two have developed together. To this fact we must attribute many of the difficulties which now attend every effort to standardize these schools and to raise the standard of nursing.

"To be more explicit, practically every hospital of any size has its training school for nurses. In the majority of these instances the hospital has established the school, not with any deep-rooted desire to train nurses for the purpose of serving the public generally, or because of any particular interest in education along this or any other line, but with one idea paramount—to get the nursing work of the hospital done in the simplest and cheapest possible manner. Even a superficial study of the situation will convince one that this is not an exaggeration, and that the majority of boards of trustees, medical boards or ladies' committees, have no conception of the great part which the nurse is playing to-day in all humanitarian work, nor of the increased demand for educated, thoroughly-trained nurses for all phases of public health work. They think of her only as the pupil and as the private nurse.

"Many of these schools, I am almost tempted to say the majority, have standards of admission too low or too elastic, have courses of instruction too meager and too spasmodic, and subordinate too completely the interests of the school, as a school, to the practical needs of the hospital. This does not accord with my idea of the educational function of the hospital. The point has been made by Mr. Flexner that hospitals owe a duty to medical education, and we heartily agree with him. I would also make the point that hospitals owe a duty to nursing education, and that this is particularly a function of the hospital.

"That the trained physician and surgeon play a very important part in the general scheme of life none will deny. Does anyone believe that the physician and surgeon could begin to do the splendid work which they are doing to-day without the trained nurse? Without detracting one whit from the credit due the physician and surgeon, we must admit that medical and surgical technic would hardly be what it is to-day had it not been for the development of the trained nurse to supplement his work and to assist him in carrying out the complicated and technical procedures of modern practice. That good

nursing is often quite as essential as good medical attention, and that it is often equally responsible for a favorable result, none will deny. Furthermore, the better trained a pupil is the better nurse she will be. A nurse cannot be overtrained any more than a physician can be overtrained.

"If the hospital owes a duty to medical education, it also owes a duty to nursing education, for the same reason applies, namely, the need of such education in the interest of humanity. Only a few hospitals are available for teaching medical students, while many hospitals can educate nurses, and every hospital large enough to support properly, and which properly conducts, a training school, renders a great public service by so doing.

"The trained nurse is now called upon to perform work which was never contemplated in the beginning. Even the broadest conception did not in the early days conceive of a service much wider than that of skilled attendance upon the sick. In the present day, however, she is a therapeutic agent of great value. She is called upon in almost every phase of our civic and social life to organize, to systematize and to teach, as the private nurse, the visiting nurse, the school nurse, the health department nurse, the rural nurse, sanitary inspector, etc.

"Professor C. E. A. Winslow, of the College of the City of New York, writing on the education of the public health nurse, says:

"'We need expert sanitary engineers to build and operate our public works; we need sanitary physicians to deal with the broader communal aspects of the spread of communicable disease; we need sanitary bacteriologists and chemists and statisticians to furnish the special expert knowledge by which all these activities must be guided. More than all, however, we need large bodies of sanitary educators to bring our knowledge to bear on the individual citizen who alone can make so much of it effective. Some of these missionaries of sanitation will be physicians, but most of them will be nurses. And that is why, in my judgment, the visiting nurse is the most important figure in the modern movement for the protection of the public health.'

"Dr. J. H. Mason Knox, late president of the American Association for the Study and Prevention of Infant Mortality, writes as follows:

"'In the last analysis, however, all our work hinges upon the better care of individual babies coming under our influence, and it is here that the trained nurse should be given first place, both because of her unique opportunities and because of the good results which she has accomplished and does accomplish.'

"Testimony of this character can be quoted ad infinitum.

"Recognizing, then, the desirability and the necessity of training nurses, we may ask, is this the function of the hospital? I believe it is distinctly and peculiarly the function of the hospital. I have

never been able to believe in the idea of a detached central school, where the pupils will receive their preparatory and theoretical training, and from which they may be sent out to hospitals on assignment, to receive their final and practical training. Such a plan can undoubtedly be made to work, but in my opinion is not ideal. Experience in medical education should teach us that. The medical school which gives the first two years in one place and the last two in another is not as desirable as the one (all other things being equal) which enables the student to spend all four years in the same environment. It is not as good for the student and is not as healthful for the development of the school itself. The same principle applies to the training school for nurses.

"The training school for nurses, as well as the medical school, must have the facilities for practical training and actual experience in order that the education may be well rounded and complete. Hospitals exist to serve the public. In the broadest sense, then, the hospital should develop along all lines which tend to public service, which are related to public health, and which do not interfere with its primary purpose. In no other way can it attain its fullest efficiency. There are many hospitals, as we all know, which are now exercising this function. In fact, to a greater or lesser extent, they all do. There is, however, a need of standards, else there is danger that the profession of nursing will become filled with quacks; that the public will be led to accept poor service when the best is needed; that worthy young women will be misled into believing that they are to receive a thorough training, when they are offered only an imitation and superficial training, for which they must give from one to three years of hard, faithful, honest service; danger that the vast possibilities for public service by a profession of skilled workers may be lost because of the failure to foster the growth of this profession and to protect it from commercialism and low standards.

"What are the standards needed? In the first place, it should be recognized that this movement which started out simply to meet a hospital need has developed into an educational movement, in response to a vastly more important and vastly broader need of the public at large. In order to safeguard this movement, therefore, each state should standardize its training schools for nurses, and registration should be compulsory, as with the physician.

"In order that their graduates may be eligible for registration, schools should be obliged to adopt a fairly uniform curriculum, and to give training in all necessary subjects, or else affiliate with other recognized schools capable of supplying training in the subjects in which the weaker school is deficient. Only those hospitals which have more than a minimum number of beds and which are so-called general

hospitals should be recognized as capable of conducting training schools.

"Compulsory registration is likewise important; in my opinion, quite as important as for physicians. These are fundamentals and can be met by legislation. In order to insure the educational machinery, endowments for schools are extremely desirable; or at least a certain budget should be set aside for strictly school purposes.

Many arguments are heard against such measures, as, for instance, the difficulty of getting a sufficient number of nurses to carry on the work of the hospital, and the need of cheaper nursing service for people of moderate means. With regard to the first, it has not yet been demonstrated that raising the standard of the profession would not attract more applicants to the schools. If such did not prove to be the case, then the training of nurse assistants, or attendants, would undoubtedly meet the situation.

"As for the second argument—the need of cheaper service—the same can be said of physicians, yet we are constantly raising the requirements of medical schools and are now considering the desirability of a fifth or hospital intern year, before allowing the physician to practice. We would not think of recommending half-trained physicians. Then why consider half-trained nurses?

"In closing, I wish to repeat that in my opinion it is high time that the medical profession and the public should recognize the importance of high standards in the education of the nurse, and should demand compulsory registration for the nurse, as well as for the physician, the pharmacist, the destist, the osteopath, and the barber. The hospital should play an important part in all of these movements."

THE 1916 CONVENTION IN WINNIPEG

The annual meeting of the Canadian Society of Superintendents of Training Schools for Nurses has been arranged for June 13th and 14th, and of the Canadian National Association of Trained Nurses for June 15th and 16th, and the convention city this year is to be Winnipeg. This will be welcome news to a great many nurses who have long wished to visit this "Gateway to the West."

And the fact that the nurses of Manitoba have a Registration Act in operation will stimulate the interest in this convention and materially assist in making it what we all wish—the best yet.

The different Associations throughout Canada should lose no time in making the necessary arrangements. Find out the questions that are to come up for discussion, become conversant with all points of view, get delegates appointed, so that there may be no hurrying of arrangements at the last minute. And let every Association strive to make this a very memorable convention, one of which the profession will always be proud.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Miss Kate Madden, Supt. of Nurses, City Hospital, Hamilton; First Vice-President, Mrs. W. S. Tilley, Brantford; Second Vice-President, Miss Kate Mathieson, Supt. Riverdale Hospital, Toronto; Recording Secretary, Miss E. McP. Dickson, Supt. of Nurses, Toronto Free Hospital for Consumptives, Weston; Corresponding Secretary, Miss Isabel Laidlaw, 137 Catherine St. N., Hamilton; Treasurer, Miss E. J. Jamieson, 23 Woodlawn Ave E., Toronto.

Directors: Jessie Cooper, Ina F. Pringle, J. G. McNeill, J. O'Connor, E. H. Dyke, L. M. Teeter, M. J. Allan, M. L. Anderson, S. B. Jackson, Isabel R. Sloane, and G. Burke, Toronto; Mrs. Reynolds, Miss Simons, Hamilton; Bertha Mowry, Peterboro; C. Milton, Kingston.

"The influence of unsanitary conditions in conducing to a high infant death-rate from diarrhoeal diseases, especially in our cities and towns, has been clearly demonstrated by the diminution in mortality found to follow sanitary reforms like the conversion of dry closets to w.c.'s, the introduction of improved methods of scavenging, and the substitution of wholesome working-class dwellings for filthy and overcrowded slum hovels. The same fact is apparent from the mortality statistics of certain cities on the continent of Europe, and others outside that area, where unsanitary conditions exist or have existed in a high degree.

"Again, it has been realized more and more in recent years that a high infant death-rate from the causes above referred to does not merely indicate a destruction of the unfit, but also a weakening of those who are left. Dr. Newsholme says:

" 'A heavy infant mortality implies a heavier death-rate up to five years of age; and right up to adult life the districts suffering from a heavy child mortality have higher death-rates than the districts whose infant mortality is low. . . . . It is strictly correct, therefore, to say that a high infant mortality implies a high prevalence of the conditions which determine national inferiority.'

"Extract from 'Maternal and Child Welfare,' by Dr. Philip Boobbyer, in the *Journal of the Royal Sanitary Institute.*

Miss Kervin is in charge of the Lady Minto Hospital, at Ganges, Salt Spring Island, B.C., in place of Miss Colhoun, who has signed for overseas duty. Miss Bufton is the assistant to the District Superintendent in the Vancouver Home. Miss Le Moine is senior nurse on the Burnaby district and Miss Pedden has been appointed assistant on the North Vancouver district. Miss Raymond is Matron of the Queen Victoria Hospital, at Revelstoke, B.C., and Miss Greer is on the staff of the Victorian Hospital at Kaslo, B.C.

Miss M. McLeod is nurse in charge of the Fairlight Country district and Miss E. R. McLeod is the Child Welfare Nurse on the Edmonton district. Miss R. L. Davis left the end of December to open the new country district at Cereal, Alberta, and Miss R. Adams leaves early in January to open the country district at Central Butte, Saskatchewan. Miss Irene Smith is Matron of the hospital at Shoal Lake, Manitoba. Miss Boorman has received an appointment on the Winnipeg district, Misses Coates and Munroe on the Halifax district, Miss Parker on the Dundas district, Misses Collins and Davies on the St. John, N.B., staff, and Miss Williams on the Iberville, Que., staff.

Misses Dewar, Cameron, Fortune, McKittrick, Martin and Parkinson have received appointments on the Toronto staff. Miss E. Orford is in charge of the Whitby district, and is assisted by Miss Joan MacKenzie. Miss E. M. MacKenzie is on the staff of the London district. Miss Jessup has been appointed nurse on the Gravenhurst district. Miss MacTiernan is in charge of the Gaspe district. Miss M. Akerley is Matron of the Harrington Harbor Hospital, Labrador, and Miss MacIntosh is in charge of the Canso district.

Miss M. Fee is the Matron of the Queen Victoria Hospital at North Bay and Miss Leak is her assistant. Miss Cullimore is the assistant in the Rosamond Memorial Hospital at Almonte, and Miss Purcell is nurse in charge of the district at Arnprior.

Beginning with the New Year, the Victorian Order in Toronto will

care for the policyholders of the Metropolitan Life Insurance Company in the Industrial Department.

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa.

CAMPAIGN FOR INFANT WELFARE

The conservation of life and especially of infant life is the most important work of all who are interested in public welfare. And all public health workers are agreed that this is most effectively accomplished by education. The health and often the life of the infant is sacrificed because of the ignorance of the mother.

A nation-wide baby welfare campaign in the United States has been initiated by the General Federation of Women's Clubs in cooperation with the United States Children's Bureau. The campaign has been arranged for the week of March 4-11, 1916.

It would seem that every citizen is planning to do his part in this great campaign of education, which will mean "better babies, better homes, better cities." The benefits of such a campaign, who can measure?

Baby Week was celebrated in Pittsburg under the auspices of the Department of Public Health, but a large part of the planning and of the committee activities were borne by the chairman of the executive committee, Mrs. Enoch Rauh, and the director, Mrs. Mary Swain Routzahn, of the Department of Surveys and Exhibits, Russell Sage Foundation.

Among the unusual features were a Father's Day, with the distribution of thousands of copies of a "Message to Fathers," together with many meetings for fathers and grown up brothers.

There was a Flag Day, when bannerets were distributed to several thousand of the babies who were born during the past year.

Two plays on the health problems of babyhood entitled "The Narrow Door" and "The Theft of Thistledown," were well written and beautifully staged.

A printed letter was sent to practically all the boys and girls in the schools, and more than 10,000 postal cards were mailed to those school children who were reported having a baby brother or sister in the family.—*Department of Surveys and Exhibits, Russell Sage Foundation.*

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL

President—Miss Phillips, 750 St. Urbain St.
First Vice-President—Miss Colley. 23 Hutchison St.
Second Vice-President—Miss Dunlop, 209 Stanley St.
Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.
Registrar—Mrs. Burch, 175 Mansfield St.
Reading Room—The Lindsay Bldg., Room 319, 512 St. Catherine St. West.

The monthly meeting of the Association was held on December 7, 1915, when Miss Helen Reid gave a very interesting account of the work done by the Patriotic Fund. They have 21,000 families on their list, or an average of 100,000 people. There are 1,500 calls per day on their card system, and 500 is about the average seen in reception room per day. They have six or seven hundred on their maternity list, and some of the babies get wonderful, patriotic names, one having received the name of every ruler in the allied forces. Legal aid is given when required, and storage accommodation for household effects, where homes have to be closed.

There are 700 visitors.

One hurry-up call that was sent in read: "Poor Jimmy's almost naked! For God's sake send me some boots, and a geography!" Showing how keen the mother was that Jimmy should not be absent from school.

In our patriotism let us not forget that victory does not lie in the actual winning of battles but in the care of the children who are going to be the men of the future. Let us see that our school inspection is what it should be, and that the children of the poor are given a proper chance in life. So many recruits have been rejected owing to defective eyesight and imperfect teeth, If the country is worth dying for, it is surely worth living for.

EDITH CAVELL CHAPTER OF THE DAUGHTERS OF THE EMPIRE

A special meeting was held on Tuesday, December 14, 1915, at 8 p.m., for the purpose of forming a Nurses' Chapter of the Imperial Order of the Daughters of the Empire.

The rooms were crowded and the gathering a most enthusiastic one.

Mrs. A. W. McDougald gave a sketch of the origin and work of this wonderful organization. The order was really born in Montreal at the close of the South African Campaign, but owing to lack of interest, did not develop as it should have done, and it was moved to Toronto. Now it consists of 500 chapters in all, 195 having been organized since war broke out. It is an organization always ready for any emergency. It has been building now for fourteen years and will be ready for the franchise when it comes.

When war was declared the different members who were at mountain, lake and seaside resorts hurried home and set to work at once, and in three days a Hospital Ship was organized and offered to the British Government as the gift of Canadian women.

The Daughters of the Empire provide field comforts for the men from the very beginning of conflict, while the Red Cross has to wait for the wounded. After the South African War the I.O.D.E. undertook to look after the graves of our Canadian heroes, and provided grey granite headstones for all, and opened a fund to keep the graves green. Their principle seems to be easing hearts by busy fingers, and their motto—One Flag, One Throne, One Empire.

The execution of Edith Cavell will always be associated with the 100th anniversary of the Battle of Trafalgar. Nelson's words, "England expects every man to do his duty," were never more appropriate than at the present time. The flag he fought for and for which he died is ours. It streams out of the ages past into the ages to come, Nelson's flag and ours. And England expects every man, and every woman, too, to do her duty, as Edith Cavell did it, as bravely and as fearlessly. Let our patriotism be such as will make for that peace which shall guarantee the protection of womanhood, and the pure happiness of childhood.

"Fear not them that kill the body, and after that have no more that they can do."

The Chapter was formed and the voting resulted in the following officers being appointed: Miss Hersey, Regent; Miss Z. Young, 1st Vice-Regent; Miss Craig, 2nd Vice-Regent; Miss Helen Buck, Treasurer; Miss French, Secretary; Miss Helen A. Des Brisay, Secretary for "Echoes"; Miss Campbell, Standard Bearer. The motto chosen was selected from Edith Cavell's last words: "Patriotism is not enough."

A hearty vote of thanks was tendered Mrs. McDougald for all the trouble she had taken in our behalf, also for her kind thoughtfulness in securing the great war heroine's name for the Montreal nurses, in the hope that they would take it up. Never was anything

entered into more enthusiastically, and we hope Mrs. McDougald may always be proud of the Nurses' Chapter, and we feel sure that the name of Edith Cavell will always be an incentive to honorable work more nobly done for God, our country, and our fellow men.

Windsor Hall, Montreal, was crowded long before the time set, and many special police were required to see that its capacity was not exceeded, hundreds being turned away.

Miss Ethel Hurlbatt, president of the Women's Canadian Club, took the chair.

In opening, Miss Hurlbatt said that the execution of Edith Cavell stood for all time as an example of what Canada might suffer should German military domination ever come here.

"If we properly understand the real meaning and magnitude of this struggle," said Miss Hurlbatt, "we should be impelled to give every possible thing we could to hasten the only tolerable end—victory for the Allies. (Applause.) It is for us women, as well as for the men, to work for that victory."

Miss Hurlbatt then introduced Hon. James M. Beck, who was received with prolonged applause.

Hon. Mr. Beck expressed pride that he, an American, should be invited to Montreal to pay tribute to one of the noblest women in the history of the world.

"I am deeply impressed with the part women are playing in this sombre chapter of history," said he. "So long as the women of this Empire show such a spirit England cannot fall, and the cause of the Allies must in the end succeed." (Applause.)

As to his right, as an alien, to come here to defend such a cause, Mr. Beck said he came as the fellow countryman of Brand Whitlock and Hugh Gibson, who, representing the American Government, had done everything that men could do with the German civil-military governor at Brussels to obtain mercy for Edith Cavell. They had even reminded these military governors that when Germany needed protection for her thousands in Belgium, against a people righteously indignant at the wanton violation of their territory and the murder of thousands of their civilians, the United States had given it, and against this they put in the balance the life of Edith Cavell, or at least a respite to appeal to a higher court. But the Prussian martinet had refused not only to return kindness for kindness, but declined to receive the petition at all. So he appeared as a compatriot of the last would-be friends Edith Cavell had on earth.

Further, not only did the Americans with increasing intensity sympathize with the British cause, but 4,000 of them were fighting under the Maple Leaf, and another thousand with the French armies.

Referring to Sir Wilfrid Laurier's recent declaration that in the event of victory, Germany would demand Canada, which would inevitably prove a menace leading to war before long with the United States, Mr. Beck said: "The moment Germany, even as a victor, demanded Canada I know from forty-six years accurate observation of our people that immediately the United States would not only issue an ultimatum that was an ultimatum, but it would in no unmeaning phrase throw down the gauge of battle before it would allow the iron heel of Prussian tyranny ever to profane any of the free soil of America." (Applause.)

Mr. Beck then proceeded to sketch the history of the Cavell case, following the lines of his pamphlet, "The Facts of the Case," and amplifying them with eloquent indignation. He showed that she was only one of 6,000 non-combatants in Belgium, who had fallen, in a slaughter that outdid the Reign of Terror in France, or the Sack of Rome, as the result of the German policy of frightfulness. He showed how Miss Cavell had been selected as a striking object to instill terror into the hearts of the Belgians, arrested in secret and spirited away to prison for ten weeks until her so-called trial, when she was not allowed even to know the nature of the charge or evidence against her, and was really convicted on her own frank evidence that she had aided French and British soldiers to escape to Holland, a neutral country, because she knew they would be shot if they did not escape.

Mr. Beck quoted the German law, and declared that even their infamously rigorous provisions did not make this properly a death offense, so that even according to their law, which reads, "Anyone who guides, or conducts, soldiers to enemy shall, etc.," Edith Cavell died an innocent woman. In fact he declared that the real reason for her sudden murder was the victories of the Allies at Champagne and the Artois, which caused restlessness amongst the Belgians, so the Germans arrested Miss Cavell and 34 others, two-thirds women, shot eight of them and condemned the rest to long imprisonment, as mere acts of terrorism.

This spiritual triumph of Edith Cavell is truly one of the noblest episodes in history, both in truthfulness and bravery. It has no parallel in the last 2,500 years, not since the days of the Greek maiden, whom Socrates wrote of, who gave her life in order that her brothers might have Christian burial. Who can tell the significance in after ages of this martyrdom of Edith Cavell!"

When the British had been driven back to the gates of Paris there was panic everywhere and the poor people were seized with terror. One day a general was standing on the steps of the Church of La Madeleine when a little boy handed him a piece of paper with these words written on it: "Do not despair! God will not permit France

to perish!" In the hour of peril his mother had sent him out with numbers of slips of paper on which was written this message of cheer. In this, the dark hour before the dawn, let us take this poor woman's message for ourselves, and let us say "Do not despair, God will not permit England to perish."

Miss Hurlblatt then read a telegram from Boston, where a similar meeting was in progress, saying: "Boston guarantees a nurse for rest of war in memory of Edith Cavell." (Loud applause.) This was followed by another message of sympathy from the chairman of the Boston meeting.

Senator Dandurand, with a brief speech, then presented the following resolution, which was seconded by Miss Helen Reid: "That this meeting, held to honor the memory of Miss Edith Cavell, pledges itself to exert every effort in support of the cause of liberty and justice for which she and the men and women of her country, and of the allied nations, have given their lives."

Miss Reid made a striking speech, calling upon women and men at home to do their duty to support our civilization, as our soldiers and sailors were doing at the front.

"Have we done all we could to lessen graft and corruption in civic, parliamentary and Government circles?" she asked, amidst cries of "No." She demanded whether respect of the law was being properly enforced, whether the children of the poor were being given a proper chance—"or are we content to see our dollars slide into the pockets of the smiling villains who so often represent Montreal?" (Applause.)

The resolution was then unanimously adopted, after which Mr. R. Wilson Reford moved a vote of thanks to Hon. Mr. Beck.

HOSPITALS AND NURSES

MANITOBA

We regret to announce the death of Nursing Sister Bessie Sutherland, who left Winnipeg last Fall for Edinburgh and enlisted with the Red Cross for foreign service.

Miss Sutherland left for Serbia in June with a Scottish unit and was engaged in the Scottish Women's Hospital at Valjavo. While there she contracted typhoid fever and died the 26th of September.

Miss Sutherland was well known in Winnipeg and the nursing profession has lost a very consciencious worker. Miss Sutherland was buried at Valjavo with highest military honors.

ONTARIO

The annual meeting of the Hamilton City Hospital Alumnae was held Tuesday, December 7, 1915, at the Nurses' Residence. The officers for the ensuing year were re-elected by acclamation, with the exception of two, who insisted on retiring, and are as follows: President, Miss Laidlaw; First Vice-President, Miss M. Aitken; Second Vice-President, Mrs. Malcolmson; Recording Secretary, Miss E. L. Taylor; Corresponding Secretary, Miss Bessie Sadler, 100 Grant Ave.; Treasurer, Miss A. Carscallen, 137 Catherine Street North. Committee: Misses Kennedy, C. Kerr, M. Brennen, Waller and Mrs. Newson. The Canadian Nurse Representative, Miss E. L. Taylor, 770 Main Street East. Regular meeting, first Tuesday, 3 p.m.

Two meetings a week, since November 1st, have been held at the Residence for the purpose of making supplies for the overseas' hospitals. Five boxes have already been forwarded through the Red Cross, containing the following: 8 doz. sheets, 24 doz. pillow covers, 6 doz. packages of tape sponges, 2½ doz. packages of folded gauze, 7 dozen slings, 54 large pads, 6 lbs. absorbent, 7 boxes adhesive.

The money to purchase the material for this work, and a large quantity of wool, which is being knitted into socks, was appropriated from a fund originally raised for a machine gun by the nurses of the city and now being used for the benefit and comfort of the overseas soldiers.

One hundred and fifty dollars of the fund was cabled Lieut.-Col. Geo. S. Rennie, M.D., to purchase an operating table, and $250 was appropriated toward a fund being raised to send nurses to France to nurse under the French Flag Nursing Corps. This amount was increased by further contributions to $300, sufficient to pay the expenses of one nurse to France.

Miss Margaret Galbraith, graduate of the H.C.H., whose home is in Strathroy, is doing private nursing in the city.

Misses Elizabeth Aitken and Ida Carr, H.C.H., are at the Duchess of Connaught Red Cross Hospital, Cliveden, England.

Miss Sampson, H.C.H., is at No. 1 Canadian Casualty Clearing Station, B.E.F., France, and some very interesting letters regarding her work there have been received.

The Ottawa Graduate Nurses' Association held its regular meeting in the Public Library, on December 6, 1915. The President, Mrs. Harris, occupied the chair. There was a large attendance. Col. C. F. Winter was the speaker. He apologized for the non-appearance of Major-General Sir Sam Hughes, who was unavoidably detained at the last minute. Col. Winter warmly commended the nursing profession, referring with pride to the fact that his daughter is serving at the Front. He told of his first experience with military nurses. which was in 1882, in the Egyptian campaign. He was the only Canadian in hospital, when five nurses were sent out by the Imperial Government to care for the sick. They were regarded as a great curiosity and were

only allowed to tend those who were very ill. At this time, all the English residents left Cairo except Lord Dufferin and his family, who were then stationed there. Lady Dufferin and her daughter, Lady Helen Blackwood, used to come every day to visit the wounded soldiers, and bring huge baskets of flowers. Ever since, at Christmas, the gallant colonel has been kindly remembered by some friendly message from the Dufferin family.

Mrs. J. Lorne Gardner also gave a talk to the nurses, telling some of her experiences during several months in the French hospitals. She described the tent hospitals, where four or five large tents (which are made in India) are attached to form one ward, probably of one hundred beds. Everything is on a big scale, in fact the whole aspect of the war appears to the overseas visitor on such a gigantic scale that one cannot grasp it until one has seen it. Most of the Canadian hospitals in France are in quiet localities, so that, when there is a lull in hostilities and casualties are few, there are not many outside diversions, but often the nurses are busy night and day for a long period. In the hospitals that admit Indian patients there are no nurses except in the operating rooms.

After the meeting the nurses adjourned to the rooms of the Canadian Club, where they were entertained at tea by the members of St. Luke's Alumnae Association.

The Association, in spite of the many calls owing to the war, was able to gladden the hearts of over 140 poor children by the gift of a well-filled Christmas stocking. The stockings were sent to the Salvation Army for distribution.

The annual meeting of the Kingston Chapter of the Graduate Nurses' Association of Ontario was held in the General Hospital Residence on December 4, 1915. There were forty members present. Election of officers resulted as follows: Chairman, Miss C. Milton; Vice-Chairman, Mrs. S. Crawford; Secretary-Treasurer, Miss F. Hiscock; Assistant Secretary-Treasurer, Miss C. Fairlie. During the year the Chapter has done a great deal of Red Cross work, and it was decided that the members would work with the General Hospital Alumnae for the winter months.

Lieut.-Col. Connell, just returned from Cairo, gave a very interesting address on his experiences in England and Egypt. All were delighted to hear about the excellent work of the staff of Queen's University Hospital at Cairo.

The regular meeting of the Kingston General Hospital Alumnae was held on January 4, 1916. It was decided that our next Red Cross work would be surgeons' gowns, and towels. The members are to meet every Wednesday afternoon. Mrs. H. Marshall has very kindly offered her home for this work.

Miss Bradley, Miss G. Wright and Miss A. Lyon, three of our members, have recently joined the A.M.C.

The Provincial Government has placed, through the Provincial Board of Health, sera for the treatment of diphtheria, typhoid fever, and allied diseases, at the disposal of the people of Ontario, free of all cost.

The annual meeting of the Social Service Department of the Toronto General Hospital was held on Thursday, January 6th. At the request of Dr. C. K. Clarke, Superintendent of the hospital, the chair was taken by Dr. C. J. O. Hastings, M.O.H. for Toronto. Dr. Hastings spoke briefly, emphasizing the importance of preventive medicine.

The speaker was Miss Grace Harper, of Boston, and her subject Hospital Social Service. This service, to be effective, must have a good follow-up system. The worker must see that the physician's orders are carried out, that conditions are such that they can be carried out. (2) Planning the disposition of ward cases. It is not enough to cure disease, the patient must be put on his feet, given a grip on life again, or he will soon be back in the ward. (3) Home conditions must be studied and, where necessary, improved. The worker has great opportunity here for instructive work. Her opportunities for instructive and preventive work are unlimited.

The report of Miss Grant, the Head Worker, was, in part, as follows:

Our staff this year consists of Head Worker, 3 workers in charge of special branches, 4 pupil nurses taking three months' course each, a secretary and 3 nurses from the Social Service Class of University of Toronto who are taking field work with the department.

The nurse in charge is in the office in the morning assigning the work of pupil nurses and students, receiving reports, taking care of office calls, and co-operating with other organizations; in the afternoon doing special work in wards and going with pupils to special cases. Among her duties is the care of the convalescent. In connection with any large hospital there should be a convalescent home under public or private auspices where the patients may receive necessary care while convalescing, thus relieving the hospitals and minimizing expense. In Toronto there are fourteen beds for women only in the Convalescent Home on Bathurst Street, therefore, the hospitals must either keep the patients at hospital rates or discharge them to homes where return to work is nearly always imperative and many so-called cures become cases of permanent invalidism. The government has found it possible to provide convalescent care for our returned soldiers; perhaps when the war is over some effort along the same line may be made for the civil population.

The aged and incurables are serious problems to our hospital.

Many are not eligible to Hospitals for Incurables and are not desired in the House of Refuge; often they are without friends. These take considerable thought and work to place where they would be most comfortable or to persuade friends to assume the responsibility. The aged left on our hands have to be fitted into institutions like marble in a piece of mosaic work. Legally children are not responsible for parents and when senility approaches the hospital is the convenient dumping ground for the useless members of the family.

The general work is more or less irregular, relieving to some extent individual burdens, but always with feelings of despair because no definite constructive work can be done. It is the specialized work which makes the nurses more interested because this work is constructive or preventive.

These branches are:

1. Pre-natal work.
2. The social problems involved in unmarried maternity cases.
3. The Mental cases, including Incipient Insanity, Feeble-Minded, Alcoholic, Drug habits, attempted Suicides, Unemployed due to Mental Defect.

The Pre-Natal Work

Our pre-natal work began with the opening of the Out-Patient Department at the new Burnside. Recognition of a broader hospital responsibility came with the new building with its greater facilities and larger accommodation.

At the same time the Golden Rule Guild gave us our social worker and made possible the follow-up work from this department of the hospital.

It is a wonderful education for the young nurse to go to these homes and study the racial characteristics and home environment of these people in the months before the baby is born. The Italian, with little conception of home comforts, used in Italy to out-door life, settling in our poorer districts, has to be told everything that is needed for a Canadian baby—the poorly kept Jewish home where the baby is nearly always welcome—the English or the Scotch home where the mother perhaps is struggling on alone, for very often at this time the worthless father is away.

In the midst of these darker visions is the happy though poor home of the industrious workingman, whose thrifty wife has everything clean and prepared. These latter keep the nurses' faith in a better balance.

Our effort is to make the patients understand the physician's instructions, to carry them out in the homes, and to see that the homes are made as suitable as possible for the new life.

The Social Problems Involved in Unmarried Maternity Cases

For two years now our social worker has been acquiring knowledge of the many phases of this very old problem. She has learned that the ability to place the responsibility where it rightly belongs is the keynote to the situation.

The cases classified as insane, feeble-minded and moral perverts are not subjects for moral reform but for kindly protection. The responsibility for these lies at the door of an uneducated or unheeding society.

Of the 462 women confined at Burnside during the year 129 were unmarried. Only 35 came as clinic cases for pre-natal care. Many came in their last extremity seeking shelter, staying with us the last weeks, and finding in our worker an unexpected friend.

In no other work does the intensive study of the individual count so vitally as in these cases.

The plan of campaign is usually as follows: Learn the physical and mental status of patient; study home conditions and environment; obtain knowledge of the paternity of the child, his mental status when possible; his willingness to support the child. If he is unwilling, the tedious resort to the Juvenile Court and the Morality Department, with, in most cases, unsatisfactory results because, as yet, the law courts are unsocialized and the judges prone to follow routine.

But while the courts are discouraging we find that a direct appeal to individuals in high authority very seldom meets with failure—to the strong and worthy the appeal for justice for the weak meets with a quick response. Thus are we hopeful of our present civilization because we see among men and women the beginnings of belief in the single standard of morality and the public conscience awakening to the menace of the feeble-minded and the moral deviate.

The public must realize that the tangible evidence seen at Burnside is but half the story, that the other half may have a setting in educated circles, in wealthy homes, in the church life of a country community as well as in the lower walks of life, that to have a clean body politic you must develop a community spirit that recognizes the responsibility of everyone to some extent for conditions that are allowed to exist.

The Psychiatric Department

The mentally defective is one of the most serious of social economic problems. From everywhere comes the same story that feeble-mindedness is a chief cause of vice, misery and delinquency, and that the present public provision for the defective is utterly inadequate. As with tuberculosis, so in the attack of mental disorders, prevention must be the watchword. Many of our cases respond to treatment if given the benefit of advice at the right time, but the burden of feeble-

mindedness and insanity can never be diminished except through education and the doing of intensive Social Service Work.

Many of the cases have been traced to alcoholic, syphilitic infection, worry, and faulty environment. In the majority of Juvenile Court cases mental defect was the main factor. About two-thirds of our delinquent children come from homes where dirty and poorly-ventilated rooms predominate. How can there be a thought of beauty in the mind of a child whose vision is bounded by bare walls, ash heaps, garbage piles, filth and grime? This type of child is shut in among surroundings which sear the mind by suggestions of evil, whose ideals of truth and purity are warped. As a result of this environment our reformatories are filled and criminals produced.

This Clinic offers advice and information as well as being a clearing house for the more pronounced cases.

THE NURSES' LIBRARY.

A Manual of Personal Hygiene—Proper living upon a physiologic basis. By American authors. Edited by Walter L. Pyle, A.M., M.D., Member of the American Ophthalmological Society; Fellow of the American Academy of Medicine; Fellow of the College of Physicians of Philadelphia; Assistant Surgeon to the Wills Eye Hospital, Philadelphia, etc.

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This condition is manifested by a local congestion of the nasal mucous membrane, with an infiltration of serum into the tissues and later an exudation on the part of the mucous membrane.

The local treatment calls for a remedy capable of relieving the engorgement by exosmosis, which can never be achieved by the use of acid or astringent preparations.

The use of Glyco-Thymoline in these cases purges the mucous membrane, relieving the congestion, and then by stimulating the local capillary circulation to renewed activity prevents a re-engorgement.

THE FEET—NATURE VS. DEFORMITY

By V. E. Taplin.

Is it not good for the women of the present generation that Fashion has not taken it into her head to revive the ancient Greek and Roman custom of wearing sandals?

If shoes were suddenly discarded for this old-time comfortable and healthful foot gear, we wonder how many of us would have reason to be proud of our feet. We understand that society admires small dainty feet.

Society only admires the pretty boot that hides the calloused, bunioned, deformed foot and never the foot. For society, as such, would be horrified if it could see the foot that lies hidden inside. The only difference between the high class Chinese, who bound their feet from early childhood, and our men and women of to-day, is the degree of deformity—in which we consider it necessary to force our feet in order that they shall look pretty—and not deformity itself. We appear to admire that as much as the Chinese ever did, and after all what sense is there in it? We never consider it inelegant or ungraceful for our face or hands to be natural; nor very bad taste in having nicely-rounded limbs or arms. Why not have well-shaped feet? Ask yourself this question and think over it seriously. Look at your feet to-night. Are they calloused? Have you corns, hammer toes, bunions, ingrowing nails? If you have been wearing the modern type of shoe and you have not some one or all of these monstrosities, you need not be afraid of lightning, for it will never hit you. You are too lucky for that. Or, perhaps you are too young. Well, cheer up, for you may have feet just as ugly as your girl or boy friend by wearing wrongly-shaped shoes.

It may be that long ere you were old enough to realize the importance of caring for the feet they were already distorted and cramped by the shoes provided for you. Help others to profit by your experience, and if you are a mother, watch the little one's feet closely that they may develop perfectly. Narrow-toed and high-heeled shoes tilt the body abnormally and are harmful in every way. They restrict normal and useful action of the foot, as splints do. All nurses understand the weakening effect of splints on the part affected. If the ordinary machinery of the foot is disturbed by forcing the foot into deformity, weakness and suffering immediately result. There is no greater need in our land to-day than footwear reform. The best authority we have to consult estimates that our efficiency is lessened by from 10 per cent. to 50 per cent. because of the wearing of "foot-binding" shoes.

"What part of our body is well if our feet are sick?" Any shoe of the straight-last sort, which forces the end of the great toe towards the centre, should never be worn. This only hurries along a condition often found in nurses—and which might be avoided—known as Hallux Valgus, and afterwards falling arch, flat foot and bunions.

Isn't it time we wakened up to the fact that manufacturers only change styles for their own financial advantage, and that we are the tools of unscrupulous methods? Wear shoes which allow each little toe an equal chance in life, and you will soon have to look at your feet as you do your hands to realize you have them.

All this means better and easier service and happiness to yourself and friends.